

SHARE

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

667

VENDOR # [REDACTED]

DATE 02/05/2013

Payee

\$ 840 00



Fund / Agency

000 66500

Document Number

AP 00323948

B4R

COD3

B4RCOD3

Stat of N w M x o
Vou h r Bat h R p t
Bu n Un t 66500 D pa tm nt of H lth
Vou h r w th F n l Ag n y Approval But Not Y t R v w d/App ov d By DFA/FCD
A ofD t 01/30/2013

| V u h r | V hr | V h L n D | D t | A ount | A ount | Fund | V ndorNam | 1099 | A ount ng P od | Pu h | O d | Invo | Numb | Tot l Amount |
|----------|------|--------------------|-----|--------|----------|--------------|-----------|----------------|----------------|------|------------|---------------|------|--------------|
| Numb | L n | L n # | D | pt on | W thHold | Y a | Month | | | | | | | |
| 00323948 | 1 | I/S M al & L dg ng | 1 | 542200 | Employ | I/S M al & L | 06101 | MCGRATH BR 001 | 2013 | 01 | 0000097620 | M G th B 1 13 | | 840 00 |
| | | | | | | | | | | | | Tot l F Vou h | | 840 00 |

CD

RECEIVED
2013 JAN 30 PM 2 11
DFA
FINANCIAL CONTROL

NAME DEPARTMENT OF HEALTH

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

| | |
|----------------------|----------------------------|
| PAGE 1 | DATE 1/22/2013 |
| AGENCY CODE 66500 | VOUCHER NUMBER 00323948 |

| | | | | |
|--------------------------------------|--------------------------------|-------------------------|--------------------------------|-------------------------------------|
| NAME Brad McGrath | CAR LICENSE NUMBER 001947SG | POST OF DUTY Roswell | PROPOSED (ADVANCE VOUCHER) | <input type="checkbox"/> |
| VENDOR NUMBER [REDACTED] | MODEL Ford | RESIDENCE Roswell | ACTUAL (RECOUPMENT VOUCHER) | <input checked="" type="checkbox"/> |
| REG WORK DAY 8 00 AM THRU 5 00 PM | YEAR 2011 | | | |

[illegible]

ACTUAL EXPENSES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

APPROVED RATES

| | | |
|----------|--------------------|------|
| X | Employee Signature | Date |
|----------|--------------------|------|

TOTALS

0

0 00

840 00

0 00

840 00

ADVANCE AMOUNTS

807

ADJUSTED

REIMBURSEMENT

| | |
|--|---|
| <input checked="checked" type="checkbox"/> | Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act |
|--|---|

ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1 500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-8 5 (I) NMSA 1978

Signature _____ (DOH General Accounting Use Only)

Date _____

Signature required on overnight lodging exceeding \$215.00 per night

Brad McGrath


(TYPE PAYEE NAME)

| | | | | | | | | | | |
|---------|----|----|----|----|----|--|----|----|----|----|
| W | TH | TH | AB | LA | B | | AN | TR | AL | AN |
| WITH TH | | | | | TH | | D | E | E | |

PAYEE SIGN HERE

DATE 11/24/5

50 11 31 57.472



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Business Unit 66500
Voucher ID 00323948
Voucher Style Regular

Invoice Number McGrath B 1 13 1 19 13
Invoice Date 01/29/2013
Total 840 00

Vendor MCGRATH BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
SANTA FE NM 87502


Pay Terms Pay Now [Schedule Payments](#)

Saved**Payment Information**Find | View All First  1 of 1  Last **Scheduled Payment** 1**Remit to**   **Location** 001 **Address** 1 

MCGRATH BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
1190 S ST FRANCIS DR SUITE N 3059
SANTA FE NM 87502

Gross Amount 840 00 USD**Discount** 0 00 USD ☐ **Discount Denied**

Late Charge

Scheduled Due 01/29/2013 **Net Due** 01/29/2013**Discount Due****Accounting Date****Payment Method****Bank** WFB10**Account** B**Method** CHK Check**Message**

Message will appear on remittance advice

Pay Group**Handling** RE**Netting** N [Messages](#)

Summary

Invoice Information

Payments

Voucher Attributes

Error Summary

| | | | |
|---------------|----------|----------------|------------------------|
| Business Unit | 66500 | Invoice Number | McGrath B 1 13 1 19 13 |
| Voucher ID | 00323948 | Invoice Date | 01/29/2013 |
| Voucher Style | Regular | Total | 840 00 |

Voucher Processing

☒ Post Voucher

☐ Close Voucher

☒ Revalue Voucher

☐ Delete Voucher

Accounting Instructions

Accounting Template STANDARD 


Account At Gross

Match Action

Status Ready

☐ Pay UnMatched Voucher

Transaction Currency

| | | | | | | | | | |
|--------|--------|----------|-----|---|-----------|-------|---|---------------|------------|
| Source | Tables | Currency | USD |  | Rate Type | CRRNT |  | Exchange Rate | 1 00000000 |
|--------|--------|----------|-----|---|-----------|-------|---|---------------|------------|

Voucher Approval

| | | | | |
|----------|-----------------------|-------------------|-----------------------------|---|
| Approval | Specify at this Level | Business Process | PROCESS_VOUCHERS |  |
| | | Approval Rule Set | Payment Approval Rule Set 1 |  |

Self Billing Invoice

| | | |
|----------------|--------------------------|------------|
| SBI Num Option | Group Vouchers (Auto Nur | SBI Number |
|----------------|--------------------------|------------|

Prepayment

Prepayment Reference

☐ Automatically Apply Prepayment

☐ Postpone Withholding

Letter of Credit

Letter of Credit ID  

Tax Group

